

CLAIMS ONLY

Application Number

"Filling" Date

10/7/6324  
Applicant(s)

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8	/					
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47						
48						
49						
50						
Total Indep.	2					
Total Depend.	12					
Total Claims	14					

May be used for additional claims or amendments

	Indep.	Depend	Indep.	Depend	Indep.	Depend
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Total Indep.						
Total Depend.						
Total Claims						